Early Childhood Center "Need to Knows"

Welcome to Green Bay School! Our official registration period for 2020-2021 is February 1, 2020 through February 14, 2020. Students that register within the official registration period are given priority for both session type (Dual Language or Monolingual) and session time (AM vs PM). If your family requires a particular session time, it is very important that you register within the registration window. Registrations after the window will be processed in the order in which they are received. Please be sure to like the Green Bay Facebook page for the latest updates.

- New for 2020-2021, we will no longer be enrolling students in preschool that are of kindergarten age (five years old on or before 9/1/2020). District preschool spots will be reserved only for students that are of preschool age.
- Consider following Principal Maxwell on twitter at https://twitter.com/chelseymaxwell.
- The Green Bay News You Can Use is updated weekly, and a reminder email is sent with the message. Please read this to ensure that you have important information about the program. Also, each classroom sends a weekly electronic newsletter.
- Session Times:
  - AM Sessions: 8:40-11:10
  - PM Sessions: 12:40-3:10
  - Extended Day Sessions (Special Education): 8:40-1:55
  - Early Release: 8:40-11:10
- We provide a healthy snack for all children in our half day programs. This snack varies, but always includes low fat milk, water, and a fruit or vegetable.
- If your child has food allergies, please alert the office immediately. You may also bring an alternative snack if needed due to allergies. Principal Maxwell or Nurse Eriksen are happy to answer any questions that you may have about food allergies.
- If your address or phone number changes, please notify the office immediately. If you would like to make a change to your bussing, please fill out a transportation form and allow a week for processing.
- Children in the full day program should bring their own lunch daily.
- Children should come dressed to play outside and for the weather. Children do get dirty during active play, so please be aware of this when dressing your child.
- Please make sure that your child wears or brings gym shoes every day.
- All students should bring one change of clothes for school. In addition, children that are toilet training should bring the necessary supplies (diapers, etc).
- If your child is tuition funded, payment is quarterly and students cannot start each quarter until payment is received. You may choose to prepay for the quarter with monthly payments, but all payments must be received before the start of that quarter.
- 2020-2021 Payment Schedule. annual tuition is $3,300
  - $200 deposit due to before start to hold spot (non-refundable)
  - $775 due before first day
  - $775 due on 10/26
  - $775 due on 1/18
  - $775 due on 3/22
2020-2021 PRESCHOOL REGISTRATION

The Preschool will be accepting registration packets and required documents. The registration period is from February 1st, 2020 through February 14th, 2020. Our registration requires both completion of all the documents in the registration packet and an online registration. Packets and ALL documents should be dropped off on the following dates to the District Office: (1936 Green Bay Road, Highland Park, IL Door A7)

Tuesday, February 11 from 12-8 pm
Thursday, February 13 from 12-8 pm
Friday, February 14 from 8-12 pm

If you are not able to drop off during any of these designated times, please call 224-765-3060 or 224-765-3046. Packet Must Be Returned By February 14, 2020

Parent Checklist:

Documents Required (copies will be made & originals returned):

☐ Driver’s License / State Photo ID
☐ Two proofs of residency documents with parent/guardian name and address
  ☐ Lease agreement / Mortgage documents  ☐ Utility bill (electric, gas, water)
☐ Original certified birth certificate (not a hospital certificate); students currently enrolled at Green Bay Early Childhood do not need to submit a birth certificate
☐ OLR: Online Registration Summary (New Students Only, returning students will complete in May)

Forms Required:

☐ 2019-20 Registration Checklist (this form)
☐ Appendix A (enclosed in packet)
☐ Student Home Language Survey (enclosed in packet) New Students only
☐ Preschool - Registration Preference (enclosed in packet)
☐ Household and Income Form
☐ Child/Family Interview
☐ Transportation Form
☐ ASQ Questionnaire

*** If your child needs busing, a transportation form should be submitted any changes in the summer should be submitted before July 1, 2020. Busing is provided within District 112 boundaries only.

Requested:

☐ Physical & Immunization Form, if completed (New Students only)

<table>
<thead>
<tr>
<th>Student Last Name:</th>
<th>First Name:</th>
<th>Middle:</th>
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<tbody>
<tr>
<td>Student Birthdate:</td>
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<tr>
<td>Parent/Guardian Name:</td>
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<td>Address:</td>
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<tr>
<td>Main Phone #:</td>
<td>Email:</td>
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</table>

Student is currently attending Green Bay Early Childhood Center

| Yes ☐ | No ☐ |

New Student attending Green Bay Early Childhood Center

| Yes ☐ | No ☐ |

Screening Only

| Yes ☐ | No ☐ |
Appendix A
Student Residency

Exhibit – Certificate of Residence

A person seeking to enroll a child must complete this form as evidence of residency. The school district reserves the right to evaluate the evidence presented; completing this form does not guarantee admission.

To be completed and signed by the individual enrolling the child and returned to the Principal. Please print.

<table>
<thead>
<tr>
<th>Child</th>
<th>Date of Birth</th>
<th>School</th>
<th>Grade Level</th>
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<td>Parent/Guardian</td>
<td>Relationship</td>
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<td>Home Telephone</td>
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Signature of the individual enrolling the student

Date

Please answer the following questions:

1. Are the student’s parents divorced or separated? Yes ___ No ___
   a. Who has custody of the student? Mother ___ Father ___ Joint yes ___ No ___
   b. If joint custody, which parent provides the student’s primary regular fixed nighttime abode?
      (i.e., at which parent’s residence does the student sleep on a regular basis?)

2. Does the student reside with a person other than his or her natural/adoptive parents?
   Yes ___ No ___

3. What is the name of the adult with whom the new student now resides?

   a. Address:
   b. Is this person a relative of the student? Yes ___ No ___
   c. If yes, what relation is she/he to the student?
   d. Is the person with whom the student resides the legal guardian or custodian of the student?
      Yes ___ No ___
   e. If yes, please attach a copy of the guardianship or custody order.
4. Is the student eligible for special education or other special services? Yes ____ No ____
If the answer to the above questions is “yes”, please provide a copy of the student’s most recent Individualized Education Program (IEP) or Section 504 Plan and provide us with the name and address of the student’s more recent prior school district of attendance.

5. Does and Illinois public agency have legal guardianship of the student? Yes ____ No ____
If yes, please attach proof of legal guardianship.

6. Has a court ordered a residential placement for the student? Yes ____ No ____
If yes, please attach a copy of the court order.

7. Is the student homeless? Yes ____ No ____
If yes:
   a. Is the student currently living within the school district? Yes ____ No ____
   b. In what school district was the student last enrolled? ___________________________
   c. In what school district was the student enrolled when last permanently housed?

I certify that I am the parent(s) or legal guardian(s) of the above named student and that this child’s residence has not been established solely for the purpose of attending District 112 schools. I further certify that the above information is correct to the best of my knowledge.

______________________________  __________________________
Parent(s) or Guardian(s) Signature  Date

WARNING: If a student is determined to be a nonresident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident.

A person who knowingly enrolls or attempts to enroll in this School District on a tuition-free basis a student known by that person to be a nonresident of the district is guilty of a Class C misdemeanor, except in very limited situations as defined in State law (105 ILCS 5/10-20.12b(e).

A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in that district without the payment of a nonresident tuition charge is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f).
HOME LANGUAGE SURVEY

The Illinois School Code requires that each school district administer a home language survey to each student entering a school for the first time. The state requires each school district to collect a home language survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps identify the students who need to be assessed for English Language Proficiency.

Please answer the questions below and return this survey to your child’s school.

Student Name: ________________________________

1. Is a language other than English spoken in your home?
   Yes ____ No ____
   What language? ____________________________

2. Does your child speak a language other than English?
   Yes ____ No ____
   What language? ____________________________

If the answer to either question is yes, the state of Illinois requires the school to assess your child’s English language proficiency.

_________________________  _______________________
Parent/Guardian Signature  Date
2020-2021 PRESCHOOL PREFERENCE

Student Name: ____________________________________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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</thead>
</table>

Please indicate your preference.

(Tuition cost $3,300.00 - If your child qualifies for the scholarship program, tuition is waived)

_____ AM Session 8:40 - 11:10

_____ PM Session 12:40 - 3:10

_____ Dual Language (a.m. only)(Spanish/English - Placement is not guaranteed)*

_____ Dual Language (p.m. only)(Spanish/English - Placement is not guaranteed)*

_____ No preference

Additional information ____________________________________________

_________________________________________________________________

Parent/Guardian’s Name (please print) ____________________________

Parent/Guardian’s Signature ____________________________________

Date ____________________________
INSTRUCTIONS FOR APPLYING -- COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

Part 1: List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.)

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. (The last four digits of a Social Security Number are not necessary.)

Part 5 & 6: Contact Information, and Children’s Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD

START/EVEN START, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:

Part 1: List all household members and the name of school for each child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Complete only if a child in your household isn’t eligible under Part 2. See instructions for All Other Households.

Part 4: Sign the form. ONLY if part 3 is completed, please include the last four digits of a Social Security Number. (Mark the box if she doesn’t have one.)

Part 5 & 6: Contact Information, and Children’s Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

Part 1: List all foster children and the school name for each child. Check the “Foster Child” box for each foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 5 & 6: Contact Information, and Children’s Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF some of the children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all household members and the name of school for each child. Check the “Foster Child” box for each foster child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

• Box 1—Name: List all household members with income.

• Box 2—Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits. Under All Other Income, list Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if she doesn’t have one).

Part 5 & 6: Contact Information, and Children’s Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

ALL OTHER HOUSEHOLDS INCLUDING MEDICAID AND WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

• Box 1—Name: List all household members with income.

• Box 2—Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), and disability benefits. Under All Other Income, list Worker’s Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if she doesn’t have one).

Part 5 & 6: Contact Information, and Children’s Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

Privacy Act Statement: This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to identify or disclose any other information. If you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/ complaint_filing_packet.pdf and at any USDA office. Write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 832-9591. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 5301 W. Higgins Rd. Chicago, IL 60656-5801; (2) facsimile: (866) 860-6748; or (3) email: equal.opportunity@usda.gov.
APPLICATION FOR FREE MILK/MEAL AND REDUCED-PRICE MEALS—Complete One Application Per Household Per School District. Instructions on back.

1. All Household Members (Attach another sheet of paper if necessary.)

<table>
<thead>
<tr>
<th>NAMES OF ALL HOUSEHOLD MEMBERS</th>
<th>School Name</th>
<th>Grade</th>
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<tbody>
<tr>
<td>First, Middle, Last</td>
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</table>

SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/ TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income.

* A foster child is the legal responsibility of a welfare agency or court.

2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)

- [ ] Homeless
- [ ] Migrant
- [ ] Runaway
- [ ] Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director Date

3. Total Household Gross Income (before deductions) You must tell us how much and how often.

<table>
<thead>
<tr>
<th>NAMES</th>
<th>GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: $100/month; $100 twice a month; $100/every other week; $100/week)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(LIST ALL HOUSEHOLD MEMBERS WITH INCOME)</td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>$</td>
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<tr>
<td>ii.</td>
<td>$</td>
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<tr>
<td>iii.</td>
<td>$</td>
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<tr>
<td>iv.</td>
<td>$</td>
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<tr>
<td>v.</td>
<td>$</td>
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</table>

4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the I do not have a social security box.

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Date Printed Name of Adult Household Member Signature of Adult Household Member

5. Contact Information (Optional)

<table>
<thead>
<tr>
<th>Work Telephone Number (Include Area Code)</th>
<th>Home Telephone Number (Include Area Code)</th>
<th>Home Address (Number, Street, City, State, Zip Code)</th>
</tr>
</thead>
</table>

6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity:
- [ ] Hispanic/Latino
- [ ] Not Hispanic/Latino

Mark one or more racial identities:
- [ ] Asian
- [ ] Black or African American
- [ ] White
- [ ] American Indian or Alaska Native
- [ ] Native Hawaiian or Other Pacific Islander

THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY

INITIAL DETERMINATION

<table>
<thead>
<tr>
<th>TOTAL INCOME</th>
<th>Every 2 Weeks</th>
<th>Twice a Month</th>
<th>Month</th>
<th>Year</th>
<th>NUMBER IN HOUSEHOLD</th>
<th>CHANGE IN STATUS</th>
<th>Date</th>
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LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.

Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

[ ] Free based on:
- [ ] homeless
- [ ] migrant
- [ ] runaway
- [ ] Head Start

[ ] Reduced based on:
- [ ] SNAP or TANF
- [ ] household's income

[ ] Denied—Reason:
- [ ] income too high
- [ ] incomplete application
- [ ] Non-qualifying SNAP/TANF

Date Withdrawn: Date:
Early Childhood Center at Green Bay School
Child/Family Interview
This interview is an important part of our screening process. In order for your child to attend Green Bay School, this form must be fully completed. This form is also available in Spanish.

Child’s Name: ____________________________________________

1. Who is primarily responsible for your child’s care at home? (circle)

Mother/Father, Grandparent(s) Other ____________

2. Who cares for your child(ren) when you are not at home?

Name and relationship: __________________________________

3. Tell us one or two things your child is interested in or does especially well.

________________________________________________________

4. What would you like your child like to learn this year? __________________________

________________________________________________________

5. What method of discipline do you use at home with your child? __________________________

________________________________________________________

6. Is your child afraid of anything? YES/NO. If so, how do you handle this at home?

________________________________________________________

7. How does your child feel about attending school?

________________________________________________________

8. How can the school reflect your family’s culture in the classroom?

________________________________________________________
9. Would you like your child to be bilingual? If yes, please describe.

________________________________________________________________________

________________________________________________________________________

10. What expectations do you have for your child’s teacher?

________________________________________________________________________

________________________________________________________________________

11. Does your child make friends easily/ do you have any social concerns?

________________________________________________________________________

________________________________________________________________________

12. Do you have concerns about your child’s emotional well being? YES/NO

Explain: ________________________________________________________________

________________________________________________________________________

13. Do you have any children who are not living with you? YES/NO

Explain: ________________________________________________________________

________________________________________________________________________

14. Do you have any children that have disabilities? YES/NO

Explain: ________________________________________________________________

________________________________________________________________________

15. Are you receiving services for this child? YES/NO

Explain: ________________________________________________________________

________________________________________________________________________

16. Does your child receive outside therapy for any special needs? (OT, speech, behavioral, etc) YES/NO

If yes, please describe:

________________________________________________________________________

________________________________________________________________________
17. Has your child experienced a traumatic event? YES/NO

Explain:

________________________________________________________________________

18. Has your child participated in a formal early learning program? ________________

19. Does your child attend a daycare? ________________

20. How long have you lived at your current address? ____________________________

21. How many children live in your household? _________________________________

22. How many adults live in your household? _________________________________

23. Are you and/or your spouse currently working? YES/NO

What is your work experience?

Guardian 1 __________________________________________________________________

Guardian 2 __________________________________________________________________

Do you have a SNAP, TANF, WIC OR HOUSE SUBSIDY case number? ________________

24. Do you have an open family services case? _________________________________

25. Are any family members, including parents ever a ward of the state? YES/NO


27. Are you or your spouse currently enrolled in school? YES/NO

What school? __________________________________________________________________
28. Do you or another member of the family need assistance in any of the following areas? (check all that apply)

_____ Employment  _____ Education

_____ Money Management  _____ Community Safety

_____ Food Shortage  _____ Substance Abuse

_____ Meal Planning  _____ Housing

_____ Nutritional Skills  _____ Legal Matters

_____ Parental Skills  _____ Lack of Clothing

_____ Learning to Speak English  _____ Stress Management

_____ Improving Reading Skills  _____ Marital or Family Problems

_____ Improving Writing Skills  _____ Other ____________________________

29. Please put a checkmark next to all items below that apply to your child and/or family:

_____ English is not spoken as first language in the home

_____ There is a history of abuse in family

_____ One parent is incarcerated or there is a past history of incarceration

_____ Primary caregivers are not the child’s parents

_____ Child is alone and at home most of the time and does not have friends to play with

_____ Child/Parent was born outside of the United States or has one or more parent or caregiver born outside of the United States.

_____ Parent was a teenager at birth of first child
_____ Child has been served by an “at-risk” program in the past—please name the program:

_____ History of alcohol or drug abuse in family

_____ Parents are concerned about the child’s health—please explain:

_____ Siblings or parents have been in special education programs

_____ Siblings with academic difficulty

_____ Family gets help from community resources—please identify the agencies:

_____ Parents are unemployed or have multiple jobs to make ends meet

_____ Parent has concerns about the child’s behavior—please explain:

_____ Parent has concerns about listening skills and/attention span—please explain:

_____ This is a single parent family

_____ One or more parents are not high school graduates

_____ Parents are concerned about child’s vision and/or hearing—please explain:

_____ Family has moved more than three times since this child’s birth

_____ One parent is currently active duty in the US Military
[Form]

_____ Child was born premature. If so, number of weeks premature: ____________

_____ Child was removed from a previous preschool due to behavior concerns

_____ There is a parent or family member with a chronic illness or disability—please explain:

______________________________________________________________________________

_____ Child has received Early Intervention services—please explain:

______________________________________________________________________________

Early Intervention number: ____________

Has your child dealt with significant issues in the past year that you would like us to be aware?

______________________________________________________________________________

______________________________________________________________________________

Completed by: ____________________________ Date: __________

Signature: ______________________________

Relationship to Child: _______________________
Permission to Screen

All students at the Early Childhood Center are required to participate in a preschool screening.

Many thanks,

Chelsey Maxwell

Permiso para Evaluar

Todos los estudiantes en nuestro Pre Escolar deben participar en una evaluación.

Muchas gracias

Chelsey Maxwell

I, ___________________________

Parent Name

hereby give permission for my child,

______________________________ to

Child’s Name

participate in an early childhood screening.

Signature: ____________________

Date: ________________________

Yo, ___________________________

Nombre de el padre

doy permiso para que mi hijo

______________________________ para

Nombre de el hijo

participar en la evaluación de Pre Escolar.

Firma: ________________________

Fecha: ________________________
Student Transportation Request Form

Today's Date: ________________________

New Student: ☐  Change of Address: ☐  Schedule Change: ☐  Non Eligible: ☐

A transportation fee is offered to Non Eligible Students only if a route is available.
If you are interested, please email the Transportation Office at transportation@nssd112.org

<table>
<thead>
<tr>
<th>General Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Full Name:</strong></td>
</tr>
<tr>
<td><strong>Student ID:</strong></td>
</tr>
<tr>
<td><strong>School:</strong></td>
</tr>
<tr>
<td><strong>Grade Level:</strong></td>
</tr>
<tr>
<td><strong>School Year:</strong></td>
</tr>
<tr>
<td><strong>Home Address:</strong></td>
</tr>
<tr>
<td><strong>Parent/Guardian Full Name:</strong></td>
</tr>
<tr>
<td><strong>Cell Phone:</strong></td>
</tr>
</tbody>
</table>

Please Read below and check the appropriate box that applies to your child

If your child is eligible for bus service and does not need services at this time, please check the opt-out box below. By checking this box a bus stop will not be assigned for your child. You have the right to request it again at any time.

<table>
<thead>
<tr>
<th>My Child Will Be Using Transportation:</th>
<th>Round Trip ☐</th>
<th>Pick Up Only ☐</th>
<th>Drop Off Only ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool/Kindergarten Session:</td>
<td>AM ☐</td>
<td>PM ☐</td>
<td>Full Day ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opt-Out From Transportation Services:</th>
</tr>
</thead>
</table>

Additional Information For Pick-Up/ Drop-Off

Select one of the options for Pick-Up and Drop-Off. A bus stop will be assigned using the home address, unless a second address/daycare facility is requested as pick-up/drop-off location. The Transportation Department will not accommodate daily changes. Permanent changes will be implemented 3-4 days after receipt of form.

<table>
<thead>
<tr>
<th>Pick-Up:</th>
<th>From Home to School ☐</th>
<th>From Another Location to School ☐</th>
<th>Is Not Needed ☐</th>
</tr>
</thead>
</table>
| AM Pick-Up Address Going to School:
Monday ☐  Tuesday ☐  Wednesday ☐  Thursday ☐  Friday ☐ |

<table>
<thead>
<tr>
<th>Drop Off:</th>
<th>From School To Home ☐</th>
<th>From School to Another Location ☐</th>
<th>Is Not Needed ☐</th>
</tr>
</thead>
</table>
| PM Drop-Off Address After Dismissal:
Monday ☐  Tuesday ☐  Wednesday ☐  Thursday ☐  Friday ☐ |

Please email form to: transportation@nssd112.org, or drop it off at your child's attending school.

Revised 10/20/16, 1/18/18
**State of Illinois**  
**Certificate of Child Health Examination**

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Birth Date</th>
<th>Sex</th>
<th>Race/Ethnicity</th>
<th>School/Grade Level/ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last First Middle</td>
<td>Month/Day/Year</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Street</th>
<th>City</th>
<th>Zip Code</th>
<th>Parent/Guardian</th>
<th>Telephone</th>
<th>Work</th>
</tr>
</thead>
</table>

**IMMUNIZATIONS:** To be completed by health care provider. The mo/da/yr for every dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

<table>
<thead>
<tr>
<th>REQUIRED Vaccine / Dose</th>
<th>DOSE 1</th>
<th>DOSE 2</th>
<th>DOSE 3</th>
<th>DOSE 4</th>
<th>DOSE 5</th>
<th>DOSE 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP or DTaP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap, Td or Pediatric DT (Check specific type)</td>
<td>Tdap</td>
<td>Td</td>
<td>DT</td>
<td>Tdap</td>
<td>Td</td>
<td>DT</td>
</tr>
<tr>
<td>Polio (Check specific type)</td>
<td>IPV</td>
<td>OPV</td>
<td>IPV</td>
<td>OPV</td>
<td>IPV</td>
<td>OPV</td>
</tr>
</tbody>
</table>

**Hib Haemophilus influenza type b**

**Pneumococcal Conjugate**

**Hepatitis B**

**MMR Measles**  
Mumps. Rubella

**Varicella**  
(Chickenpox)

**Meningococcal conjugate (MCV4)**

**RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose**

**Hepatitis A**

**HPV**

**Influenza**

**Other: Specify Immunization Administered/Dates**

Comments:

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.

**Signature**  
**Title**  
**Date**

**Signature**  
**Title**  
**Date**

**ALTERNATIVE PROOF OF IMMUNITY**

1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.  
*MEASLES (Rubella) MO DA YR  **MUMPS MO DA YR**  HEPATITIS B MO DA YR  VARICELLA MO DA YR

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below verifies that the parent/guardian’s description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

**Date of Disease**  
**Title**

3. Laboratory Evidence of Immunity (check one)  
☐Measles*  ☐Mumps**  ☐Rubella  ☐Varicella  Attach copy of lab result.

*All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.  
**All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature:  

Physician Statements of Immunity MUST be submitted to IDPH for review.

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.
<table>
<thead>
<tr>
<th>HEALTH HISTORY</th>
<th>TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALLERGIES</strong></td>
<td>(Food, drug, insect, other)</td>
</tr>
<tr>
<td>Diagnosis of asthma?</td>
<td>Yes</td>
</tr>
<tr>
<td>Child wakes during night coughing?</td>
<td>Yes</td>
</tr>
<tr>
<td>Birth defects?</td>
<td>Yes</td>
</tr>
<tr>
<td>Developmental delay?</td>
<td>Yes</td>
</tr>
<tr>
<td>Blood disorders? Hemophilia, Sickle Cell, Other? Explain.</td>
<td>Yes</td>
</tr>
<tr>
<td>Diabetes?</td>
<td>Yes</td>
</tr>
<tr>
<td>Head injury/Concussion/Passed out?</td>
<td>Yes</td>
</tr>
<tr>
<td>Seizures? What are they like?</td>
<td>Yes</td>
</tr>
<tr>
<td>Heart problem/Shortness of breath?</td>
<td>Yes</td>
</tr>
<tr>
<td>Heart murmur/High blood pressure?</td>
<td>Yes</td>
</tr>
<tr>
<td>Dizziness or chest pain with exercise?</td>
<td>Yes</td>
</tr>
<tr>
<td>Eye/Vision problems?</td>
<td>Glases</td>
</tr>
<tr>
<td>Other concerns? (crossed eyes, drooping lids, squinting, difficulty reading)</td>
<td></td>
</tr>
<tr>
<td>Ear/Hearing problems?</td>
<td>Yes</td>
</tr>
<tr>
<td>Bone/Joint problem/injury/scoliosis?</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>PHYSICAL EXAMINATION REQUIREMENTS</strong></td>
<td>Entire section below to be completed by MD/DO/APN/PA</td>
</tr>
<tr>
<td><strong>HEAD CIRCUMFERENCE if &lt; 2-3 years old</strong></td>
<td>Height</td>
</tr>
<tr>
<td><strong>DIABETES SCREENING (NOT REQUIRED FOR DAY CARE)</strong></td>
<td>BMI-85% age/sex</td>
</tr>
<tr>
<td>Ethnic Minority</td>
<td>Yes</td>
</tr>
<tr>
<td>Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans)</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>LEAD RISK QUESTIONNAIRE</strong>: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)</td>
<td>Questionnaire Administered? Yes</td>
</tr>
<tr>
<td>Blood Test Indicated? Yes</td>
<td>No</td>
</tr>
<tr>
<td>Blood Test Date</td>
<td>Result</td>
</tr>
<tr>
<td><strong>TB SKIN OR BLOOD TEST</strong> Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines: <a href="http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm">http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm</a>.</td>
<td>No test needed</td>
</tr>
<tr>
<td>Skin Test: Date Read</td>
<td>/</td>
</tr>
<tr>
<td>Result: Positive</td>
<td>Negative</td>
</tr>
<tr>
<td>Blood Test: Date Reported</td>
<td>/</td>
</tr>
<tr>
<td>Result: Positive</td>
<td>Negative</td>
</tr>
<tr>
<td><strong>LAB TESTS (Recommended)</strong></td>
<td>Date</td>
</tr>
<tr>
<td>Hemoglobin or Hematocrit</td>
<td>Sickle Cell (when indicated)</td>
</tr>
<tr>
<td>Urinalysis</td>
<td>Developmental Screening Tool</td>
</tr>
<tr>
<td><strong>SYSTEM REVIEW</strong> Normal</td>
<td>Comments/Follow-up/Needs</td>
</tr>
<tr>
<td>Skin</td>
<td>Endocrine</td>
</tr>
<tr>
<td>Ears</td>
<td>Gastrointestinal</td>
</tr>
<tr>
<td>Eyes</td>
<td>Genito-Urinary</td>
</tr>
<tr>
<td>Nose</td>
<td>Neurological</td>
</tr>
<tr>
<td>Throat</td>
<td>Musculoskeletal</td>
</tr>
<tr>
<td>Mouth/Dental</td>
<td>Spinal Exam</td>
</tr>
<tr>
<td>Cardiovascular/HTN</td>
<td>Nutritional status</td>
</tr>
<tr>
<td>Respiratory</td>
<td>Diagnosis of Asthma</td>
</tr>
<tr>
<td>Currently Prescribed Asthma Medication:</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Quick-relief medication (e.g. Short Acting beta agonist)</td>
<td>Other</td>
</tr>
<tr>
<td>Controller medication (e.g. inhaled corticosteroid)</td>
<td></td>
</tr>
<tr>
<td><strong>NEEDS/MODIFICATIONS</strong> required in the school setting</td>
<td>DIETARY Needs/Restrictions</td>
</tr>
<tr>
<td><strong>SPECIAL INSTRUCTIONS/DEVICES</strong> e.g. safety glasses, glass eye, chess protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup</td>
<td></td>
</tr>
<tr>
<td><strong>MENTAL HEALTH/OTHER</strong></td>
<td>Is there anything else the school should know about this student?</td>
</tr>
<tr>
<td>If you would like to discuss this student's health with school or school health personnel, check title:</td>
<td>Nurse</td>
</tr>
<tr>
<td><strong>EMERGENCY ACTION</strong> needed while at school due to child's health condition (e.g. seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, please describe.</td>
<td></td>
</tr>
<tr>
<td>On the basis of the examination on this day, I approve this child's participation in INTERSCHOLASTIC SPORTS.</td>
<td>Yes</td>
</tr>
<tr>
<td>(If No or Modified please attach explanation.)</td>
<td>Modified</td>
</tr>
<tr>
<td><strong>Print Name</strong></td>
<td>(MD, DO, APN, PA)</td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td>Phone</td>
</tr>
</tbody>
</table>

**Print Name**

**Address**